
SENATE BILL 5494

State of Washington 60th Legislature 2007 Regular Session

By Senators Franklin, Kohl-Welles, Marr, Fairley, Rockefeller, Pridemore, Hatfield, Murray, Spanel, Rasmussen and Shin

Read first time 01/22/2007. Referred to Committee on Health & Long-Term Care.

1 AN ACT Relating to insurance coverage for colorectal cancer early
2 detection; adding a new section to chapter 48.21 RCW; adding a new
3 section to chapter 48.44 RCW; adding a new section to chapter 48.46
4 RCW; providing an effective date; and declaring an emergency.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 NEW SECTION. **Sec. 1.** A new section is added to chapter 48.21 RCW
7 to read as follows:

8 (1) All group disability insurance contracts and blanket disability
9 insurance contracts, issued or renewed on or after the effective date
10 of this section, must provide benefits or coverage for colorectal
11 cancer examinations and laboratory tests specified in the November 2002
12 American cancer society guidelines for colorectal cancer screening of
13 asymptomatic individuals. Coverage or benefits must be provided for
14 all colorectal screening examinations and tests that are administered
15 at a frequency identified in the American cancer society guidelines for
16 colorectal cancer, as deemed appropriate by the patient's physician
17 after consultation with the patient.

18 (2) Benefits under this section must be provided to a covered
19 individual who is:

1 (a) At least fifty years old; or

2 (b) Less than fifty years old and at high risk for colorectal
3 cancer according to current colorectal cancer screening guidelines of
4 the American cancer society.

5 (3) To encourage colorectal cancer screenings, patients and health
6 care providers must not be required to meet burdensome criteria or
7 overcome significant obstacles to secure such coverage. An individual
8 may not be required to pay an additional deductible or coinsurance for
9 testing that is greater than an annual deductible or coinsurance
10 established for similar benefits. If the contract does not cover a
11 similar benefit, a deductible or coinsurance may not be set at a level
12 that materially diminishes the value of the colorectal cancer benefit
13 required.

14 (4) A health insurance issuer is not required under this section to
15 provide for a referral to a nonparticipating health care provider,
16 unless the issuer does not have an appropriate health care provider
17 that is available and accessible to administer the screening exam and
18 that is a participating health care provider with respect to such
19 treatment.

20 (5) If a health insurance issuer refers an individual to a
21 nonparticipating health care provider pursuant to this section,
22 services provided pursuant to the approved screening exam or resulting
23 treatment, if any, must be provided at no additional cost to the
24 individual beyond what the individual would otherwise pay for services
25 received by such a participating health care provider.

26 NEW SECTION. **Sec. 2.** A new section is added to chapter 48.44 RCW
27 to read as follows:

28 (1) All health benefit plans offered by health care service
29 contractors, issued or renewed on or after the effective date of this
30 section, must provide benefits or coverage for colorectal cancer
31 examinations and laboratory tests specified in the November 2002
32 American cancer society guidelines for colorectal cancer screening of
33 asymptomatic individuals. Coverage or benefits must be provided for
34 all colorectal screening examinations and tests that are administered
35 at a frequency identified in the American cancer society guidelines for
36 colorectal cancer, as deemed appropriate by the patient's physician
37 after consultation with the patient.

1 (2) Benefits under this section must be provided to a covered
2 individual who is:

3 (a) At least fifty years old; or

4 (b) Less than fifty years old and at high risk for colorectal
5 cancer according to current colorectal cancer screening guidelines of
6 the American cancer society.

7 (3) To encourage colorectal cancer screenings, patients and health
8 care providers must not be required to meet burdensome criteria or
9 overcome significant obstacles to secure such coverage. An individual
10 may not be required to pay an additional deductible or coinsurance for
11 testing that is greater than an annual deductible or coinsurance
12 established for similar benefits. If the group contract or individual
13 contract does not cover a similar benefit, a deductible or coinsurance
14 may not be set at a level that materially diminishes the value of the
15 colorectal cancer benefit required.

16 (4) A carrier is not required under this section to provide for a
17 referral to a nonparticipating health care provider, unless the carrier
18 does not have an appropriate health care provider that is available and
19 accessible to administer the screening exam and that is a participating
20 health care provider with respect to such treatment.

21 (5) If a carrier refers an individual to a nonparticipating health
22 care provider pursuant to this section, services provided pursuant to
23 the approved screening exam or resulting treatment, if any, must be
24 provided at no additional cost to the individual beyond what the
25 individual would otherwise pay for services received by such a
26 participating health care provider.

27 NEW SECTION. **Sec. 3.** A new section is added to chapter 48.46 RCW
28 to read as follows:

29 (1) All health benefit plans offered by health maintenance
30 organizations, issued on or after the effective date of this section,
31 must provide benefits or coverage for colorectal cancer examinations
32 and laboratory tests specified in the November 2002 American cancer
33 society guidelines for colorectal cancer screening of asymptomatic
34 individuals. Coverage or benefits must be provided for all colorectal
35 screening examinations and tests that are administered at a frequency
36 identified in the American cancer society guidelines for colorectal

1 cancer, as deemed appropriate by the patient's physician after
2 consultation with the patient.

3 (2) Benefits under this section must be provided to a covered
4 individual who is:

5 (a) At least fifty years old; or

6 (b) Less than fifty years old and at high risk for colorectal
7 cancer according to current colorectal cancer screening guidelines of
8 the American cancer society.

9 (3) To encourage colorectal cancer screenings, consumers and health
10 maintenance organizations must not be required to meet burdensome
11 criteria or overcome significant obstacles to secure such coverage. A
12 consumer may not be required to pay an additional deductible or
13 coinsurance for testing that is greater than an annual deductible or
14 coinsurance established for similar benefits. If the health
15 maintenance agreement does not cover a similar benefit, a deductible or
16 coinsurance may not be set at a level that materially diminishes the
17 value of the colorectal cancer benefit required.

18 (4) A health maintenance organization is not required under this
19 section to provide for a referral to a nonparticipating health care
20 provider, unless the health maintenance organization does not have an
21 appropriate health care provider that is available and accessible to
22 administer the screening exam and that is a participating health care
23 provider with respect to such treatment.

24 (5) If a health maintenance organization refers a consumer to a
25 nonparticipating health care provider pursuant to this section,
26 services provided pursuant to the approved screening exam or resulting
27 treatment, if any, must be provided at no additional cost to the
28 consumer beyond what the consumer would otherwise pay for services
29 received by a health maintenance organization.

30 NEW SECTION. **Sec. 4.** This act is necessary for the immediate
31 preservation of the public peace, health, or safety, or support of the
32 state government and its existing public institutions, and takes effect
33 July 1, 2007.

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